

af. Directive #4944, 4004

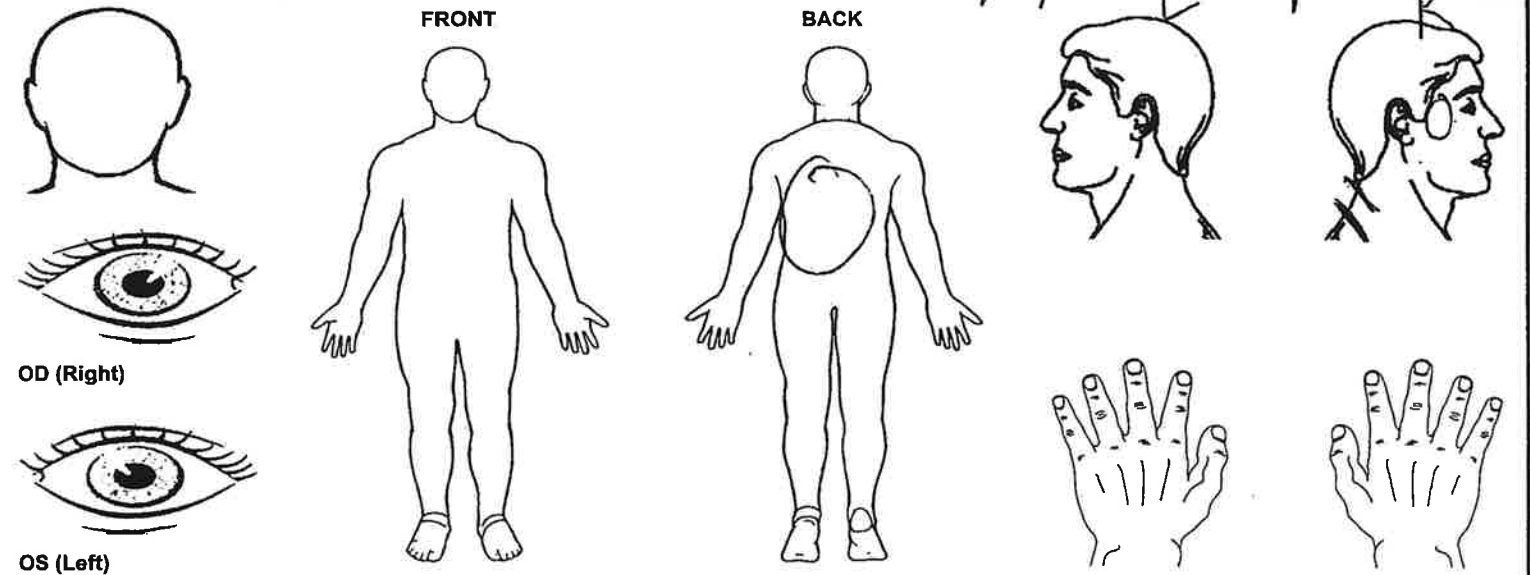
**USE OF FORCE REPORT - PART B - ADDENDUM**

FACILITY gcf	Date & Time of Incident 10/28/20 950 p	Facility Use of Force Log # 210-0140
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INMATE NAME McCallion, Michael	DIN 17A1884	Cell Location C-145B
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**PHYSICAL EXAMINATION / TREATMENT - DETAIL**

EXAMINER'S NAME AND TITLE Julie McIntosh RN	Date & Time of Examination 10/28/20 1035p
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Above date and time Inmate McCallion was involved in a use of force. Upon arrival Inmate was viewed in undershorts the following injuries:

- #1) discolored, reddened, swollen area beside right eye
- #2) 2 ~ 2cm linear abrasions on Right side of neck.
- #3) Multiple reddened areas on back. All areas cleansed with normal saline. Inmate lethargic, skin pale, diaphoretic, respirations irregular, narcosis #1 1036p. B/p 50 Narcosis #2 1041p intubated and sent to Gouverneur ER via ambulance.

EXAMINER'S SIGNATURE AND DATE Julie McIntosh 5	10/28/20 1035p-
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List: Original - Superintendent Copy - Guidance unit file(s) of inmate(s) involved

FORM 2104.1 (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944, 4004

## USE OF FORCE REPORT (CONT'D)

There are \_\_\_\_\_ other  
reports filed under this  
Use of Force Log #

FACILITY GCF	Date & Time of Incident 10/28/20 950p	Facility Use of Force Log # 20-040
INMATE NAME McCallion, Michael	DIN 17A1884	If Unusual Incident, CCC Log # 291396

## PART B: PHYSICAL EXAMINATION REPORT

EXAMINER'S NAME AND TITLE Julie McIntosh	Date & Time of Examination 10/28/20 1035p
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MEDICAL REPORT (INDICATE DATE &amp; TIME OF EXAMINATION, DESCRIBE EXTENT OF ANY INJURIES, AND DESCRIBE TREATMENT PROVIDED).

Above date and time Inmate McCallion was involved in a use of force. Upon arrival Inmate was ~~tethered~~ dressed in undershorts and following injuries were observed #1) discolored reddened, swollen area beside right eye #2) 2 x 2 cm linear abrasions on right side of neck. #3) multiple reddened areas on back. All areas cleansed with normal saline and ~~to form~~ Inmate lethargic, skin pale, diaphoretic, respirations irregular nascan #1 1036p. B/P 50. Nascan #2 1040p. Sent to Gouverneur EL via ambulance.

EXAMINER'S SIGNATURE AND DATE  
Julie McIntosh RN 10/28/20

## PART C: REVIEW AND EVALUATION BY SUPERVISOR

SUPERINTENDENT'S SIGNATURE AND DATE